N 164 of which are almost invariably associated with widespread undernutrition.

Diseases Spread or Contracted Chiefly Through Intestinal or Urinary Tract

H A 164 **Typhoid and Paratyphoid Fevers.** Typhoid fever is sporadic, and 10 to 35 cases are reported from the Colony each year. Over one half of the known cases occur usually among nonresident laborers. Paratyphoid fevers are grouped with typhoid in the morbidity statistics. The rate of infection is not known, but both paratyphoid A and paratyphoid B fevers are undoubtedly present. Typhoid fever is apparently endemic in the Protectorate, although recognized cases are reputedly rare in the Hadhramaut.

H A 164 515 **Dysenteries.** Dysentery is prevalent throughout this region, where the unhygienic habits of the people and the abundance of flies promote the spread of intestinal infections. From 500 to 1,300 cases are treated annually in the civilian hospitals and dispensaries in the Colony. Amebic dysentery predominates among the few cases in which the differential diagnosis is established, but a large proportion of the remainder are probably bacillary infections. Of the 589 cases recorded in 1949, 1 was diagnosed as bacillary dysentery and 48 as amebic, while 540 were unclassified. The percentage of carriers of *Endamoeba histolytica* is believed to be high: it has been estimated at 40 to 50 per cent among immigrants from Yemen, many of whom are engaged in the handling of foodstuffs in the Colony.

H A 164 Amebic and bacillary dysentery, as well as diarrhea and enteritis, are grouped together as "dysentery" in the official statistics. In each of the 5 years 1946-50, the dysentery deaths numbered 334 to 406, or approximately 20 to 25 per cent of the recorded mortality in the Colony. Among the 393 deaths reported in 1950 as due to dysentery, 107 were among the immigrant population. The younger age groups are most seriously affected, and the local au-

A 165 167 854 146

A 165 H 167 B 374 H 46 authorities regard undernutrition and incorrect methods of feeding as important underlying factors. The deaths in infants under 1 year of age totaled 175 in 1950, or about 44 per cent of the known dysentery deaths.

H 164 No precise information is available regarding bacillary and amebic dysentery in the Protectorate, but the high rate of infection among visitors to Aden Colony suggests that both are widespread.

A 164 360 744 Cholera. Cholera has not been reported from Aden within the present century, although outbreaks have followed its introduction in the past. Since no record exists of its presence in the Hadhramaut, it is probable that the disease was largely confined to the port towns.

During the 1947 outbreak in Egypt, traffic through Aden was increased due to the quarantine restrictions imposed on Egyptian ports. Special precautions were taken by the health authorities to prevent the admission of infected individuals or goods by sea, land or air routes. Immunization against cholera was also provided for all persons handling shipping and for all health service personnel.

A 731

H 164 Helminthiases. SCHISTOSOMIASIS. Schistosomiasis is endemic in scattered localities in Western Aden Protectorate, especially in the highland districts above 2,000 feet elevation. Foci of *Schistosoma haematobium* are known to exist in the Jebel Jehaf and Dhala' plateau country, in the Wadi Tiban area around Museimir, and in the vicinity of Tor am Baha, Huweni and Khor 'Umeira. *S. mansoni* is apparently more restricted in distribution, but it is found in the Jebel Jehaf and the Wadi Tiban regions.

A 164 No locally acquired infections are reported from the Colony, although numerous cases among persons from the interior are treated in the civilian hospitals each year. A large proportion of the cases seen in Aden Colony come from Yemen or from the Dhala' and the Museimir districts.

H A 136 The intermediate snail hosts of *S. haematobium* and *S. mansoni* have not been definitely established, but Bulinus and Planor-

p. 246(b)